DOCUMENT RESUME

ED 279 937 CG 019 746

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TITLE Policy and Management Issues Surrounding the Development of an Alzheimer's Unit in a Long Term Care Facility.
PUB DATE Sep 86
NOTE 8p.; Paper presented at the Annual Meeting of the American Public Health Association (114th, Las Vegas, NV, September 28-October 2, 1986).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Holistic Approach; *Human Services; Institutional Environment; *Institutionalized Persons; *Mental Disorders; *Nursing Homes; *Older Adults; Services; Specialization; Staff Role
IDENTIFIERS *Alzheimers Disease; *Structured Programing

ABSTRACT

A special unit within a nursing home for serving residents with dementia was developed and implemented at the Cape Cod Nursing Home in Buzzards Bay, Massachusetts. The purpose of the special unit is to create a structured and protective environment which holistically supports the residents with dementia in achieving their maximum potential. A program designed to help the residents' families adjust to the changing roles and relationships made necessary by the progression of the disease accompanies the unit. The unit was designed with wall coverings and furniture in warm colors, washable carpeting, door alarms for security, family-atmosphere dining, and an activity room. The unit is staffed by nurses, nursing assistants, and a program assistant, the majority of whom have chosen this assignment. Admission criteria is based on a diagnosis of Alzheimer's Disease or related dementia. Support systems for staff, family, and residents are emphasized. Problem behaviors and safety issues such as depression and combativeness are anticipated and addressed in patient care planning. Public health proposals should address the difficulty nursing homes experience in seeking psychiatric care for patients with severe problem behaviors associated with Alzheimer's Disease. (ABL)

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Policy and Management Issues Surrounding the Development of an Alzheimer's Unit in a Long Term Care Facility

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CG 019746

Prepared for presentation at the Annual American Public Health Association Convention, Sept. 28-Oct. 2, 1986.

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Three years ago Beverly Enterprises developed and piloted an Alzheimer's Disease and Related Dementia Unit at the Cape Cod Nursing Home in Buzzards Bay, Massachusetts. In 1983, in house integrated resident population with a diagnosis of dementia numbered approximately fifty percent. Admission inquiries regarding clients with dementia were increasing markedly. Available community services such as family support groups, adult day care or respite care were limited or non-existent. Local nursing homes recognized the need for Special Care Dementia Units; however, the physical plant of most facilities ruled out the possibility of creating such a unit within their buildings.

Following current health care trends, Beverly Enterprises recognized a need within the geriatric population for Specialized Services. Cape Cod Nursing Home, a 97 bed Intermediate Care Facility within the Heritage Division, presented an adaptable location and an established demand for special care service. An Advisory Council comprised of Eastern Massachusetts professionals i.e. doctors, nuring home administrators, home health care nurses, social workers, family members, V.A. Hospital Dementia Unit personnel and in house management staff gathered regularly to assist in Unit and Program development.

Creating a Special Care Unit required establishing a purpose, defining goals, administrative policies and procedures to implement our Unit and Program. Thus, the purpose of this Unit is to create a highly stuctured and protective environment which whollistically supports the resident with a dementia in achieving his or her maximum potential in seeking those positive aspects of life still open to them. The Program is designed to help the family adjust to changing roles and relationships made necessary by the progression of the disease.

Our goals are defined in three categories. For the resident:

- To be recognized as a unique individual with those special needs associated with the disease process.
- To support the highest level of self esteem.

- To involve each person in activities and relationships that are meaningful yet compatible with the level of ability.
- To achieve and maintain acceptable, manageable behavior.

For the unit as a "Community":

- To provide structure and orientation to the immediate environment.
- To facilitate all means of verbal and non-verbal communication.
- To establish and maintain a harmonious interacting "family atmosphere".

For the Community as a whole:

- To serve as a viable option for care of persons with a dementia unable to be safely cared for at home or at a standard nursing facility.
- To provide a model for the sensitive and knowledgeable care care of persons with a dementia.
- To act as a liason within the community to exchange information and ideas.

Our Special Care Unit is unique in design. In order to create a therapeutic millieu, modifications to an existing ground floor eighteen bed nursing unit included:

- Increased lighting to eliminate shadows.
- Wall coverings in soft warm colors, solids and small prints.
- Continuous repetitive pattern border in the corridor at chair-rail height to identify and establish a tracking pattern.
- Furniture warm in color with contrasting edges, comfortable, constructed of sturdy, durable, washable materials.
- Bulletin boards or wall-hangings are encouraged for personal

identification or aesthetics rather than table-top ornaments, decorations, or pictures which can be easily picked up and removed by wandering residents.

- Carpeting of durable and washable weave offers warmth and quiet to the heavy traffic areas of the corridor and living room.
- Security is provided by a twenty-four hour primary door alarm system and a secondary system as an additional safety device.
- A secure outdoor patio area located off the living room and extending the entire length of the Unit offers a picturesque exercise or sitting area.
- The dining room features round pedestal tables and captain's chairs. With the assistance and direction of staff, several residents prepare table settings each mealtime. Dining in a family-like atmosphere is a pleasurable social experience.
- The activity room, maintained by our program assistant, hosts games, arts and crafts and "the Barber Shop".

Management of our Special Care Unit is the responsibility of the Coordinating Team comprised of the Director of Nurses, Director of Staff Development, Licensed Social Worker, Director of Activities and the Full-time 7-3 Unit Charge Nurse. The Director of Staff Development is the team leader and acts as the liason between the Coordinating Team members, the Administrator, Consultants, and the Advisory Council. The Coordinating Team coordinates, supervises and evaluates a continuum of quality care for residents.

Staffing is a combined responsibility of the Nursing and Activity Departments. Patient care is directed and assisted by a licensed nurse and two nursing assistants during daytime and evening hours; night time hours by a licensed nurse and one nursing assistant or two nursing assistants. The Activity

Department promotes theapeutic and recreational activities under the direction and supervision of the Unit Program Assistant during the most dynamic period of the day, 10 a.m. to 6 p.m.

All staff actively participate in Unit orientation and training sessions. The team approach concept is emphasized and encouraged. Continuing education and support groups provide additional knowledge and understanding of changing needs of the residents. A significant point to note here is the majority of our Unit Staff have chosen this assignment. Their dedication and committment to the residents and Unit Program exemplifies the unique qualities required to maintain a successful Program.

This Unit is segregated from but not independent of the facility. Therefore, proven techniques in total care planning for residents afflicted with dementia are shared and incorporated into the care of confused residents throughout the home. Impact on the community is evident when the Unit is utilized as a resource for information and a viable option for patient care.

Admission criteria is based upon a diagnosis of Alzheimer's Disease or a related dementia substantiated by diagnostic testing and evaluation to include: C.T. Scan, EEG, hematology studies, physical examination and neuro-psychiatric evaluation if indicated. Whereas this highly structured Unit has been designed to address the special needs of patients in middle and early latter stages of Alzheimer's Disease, all perspective clients are screened for appropriateness prior to admission. The pre-admission screening is performed by the Social Worker and Team Leader in the clients' present "home" situation. This initial assessment is utilized to prepare an individualized care plan and identify anticipated problems prior to admission. Communication between the screening team and staff is a priority for a smooth transition into the Unit Program.

Placement on the Unit is not considered a permanent arrangement; programming addresses a segment of dementia progression and functional ability. There-

fore, discharge planning is initiated at the time of admission involving the interdisciplinary team, physician and family.

The Special Care Unit promotes a program designed to provide structure and establish routine for the residents while allowing for individuality and flexibility according to patients' needs. Implementation and process is a combined responsibility of the Nursing and Activity Departments. A nursing schedule of ADL's and an activity calendar provide routine, task-oriented, motivational and recreational activity. Patient assessment individualizes the Program process. Established criteria include assessment of cognitive, functional and social skills. Staff offers assistance, direction, supervision and support. Continual patient evaluation is necessary to address changing needs and abilities.

Emphasis must be placed on support systems for staff, family and residents. Staff members have developed strong interpersonal relationships with residents and their families. Many family members are active volunteer participants in recreational activities and group visitations. Residents demonstrate an obvious kindred association. Each group is offered and encouraged to participate in support groups or information up-date sessions. We all have a need to vent frustration, vocalize problems, concerns, expectations and receive dignity, respect and acceptance.

Management of problem behaviors and safety are priority issues. Behavior changes are expected as the disease or dementia progresses. Anticipation of problems involving depression, frustration, agitation, combativeness, catastrophic reactions, hallucinations, delusions and paranoia are addressed in staff and patient care planning. Nursing interventions must be established and implemented before problem situations escalate and safety is jeprodized. Neuropsychiatric consultant service is vital to cohesively assist with diagnostic evaluation, treatment planning, behavior management and provide liason with attending physicians and acute care mental health facilities.

In summary, a therapeutic environment and a highly structured program of routine daily activities are vital to maintain optimal functional ability for the resident with a dementia of the Alzheimer's type. Continual observation and assessment of declining resident skills and changing behaviors necessitates subsequent revision in care planning. In past experiences, we have identified most nursing homes have difficulty in seeking acute psychiatric care for patients with severe problem behaviors associated with Alzheimer's Disease, which need evaluation, treatment and stabilization. Public Health proposals should address this issue.